

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS DEC 14 1960 **228** **5955** **148** **-60-043095**
 Registration District No. Primary Registration District No. Registrar's No. STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SALT RIVER TOWNSHIP		c. CITY OR TOWN SALT RIVER TOWNSHIP	
Length of stay in 1b 16 YRS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 8 MI. EAST of FRANKFORD MO	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First WILLIAM Middle DOCK Last CAMPBELL		4. DATE OF DEATH Month DEC Day 4 Year 1960	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH SEPT 1, 1911
9. AGE (last birthday) 49		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) FRANKFORD MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME RICHARD CAMPBELL		13b. MOTHER'S MAIDEN NAME OLA MAE ACUFF	
14. NAME OF HUSBAND OR WIFE ELNORA CAMPBELL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. BURNED	
17. INFORMANT MRS. OLA CAMPBELL		Address FRANKFORD MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A suffocation from snakes bite Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) From House broken down - lodged	
20c. TIME OF INJURY Hour 12:30 a.m. Month, Day, Year Dec 4 1960	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> was found in remains		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) From Home	20f. CITY, TOWN, OR LOCATION RFD Frankford Pike Mo		
21. I attended the deceased from 12:30 A to Dec 4 and last saw him on Dec 4 Death occurred at 12:30 A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. O. Mudd (Degree or title) CORONER		22b. ADDRESS Beaulieu to near Mo.	
22c. DATE SIGNED 12-4-60			
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC 5, 1960	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY FRANKFORD MO	
23d. LOCATION (City, town, or county) FRANKFORD MO			
24. FUNERAL DIRECTOR MEGOWN FUNERAL HOME		25. DATE RECD. BY LOCAL REG. Dec 6-1960	
26. REGISTRAR'S SIGNATURE Bernice Collier			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 16 1960

DEC 20 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Jane Fields Megaw*

Licensed Embalmer No. 4092

P. O. Address *Grandford, VT*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.